IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

(CORE ONLY)

BOX IP1	EXITING OR CONTINUING SP GO TO IP5 IF:
	    PREVIOUS ROUND IP DISCHARGE DATE = "95" (STILL IN HOSPITAL), AND/OR
	    SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6=1).
	
	OTHERWISE:
	    CONTINUING SP GO TO IP1, OR
	    EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS SKIPPED (41), GO TO IP1, OR
	    EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO IP17.

IP1.   [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP)] admitted to a hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

IPPROBE

YES	1	(IP2)
NO	2	***BOX OP1A***
REFUSED	-7	***BOX OP1A***
DON'T KNOW	-8	***BOX OP1A***

IP2.   Where (were you/was SP) admitted -- to which hospital?
[ENTER ONLY ONE FACILITY.]
PROVNAME
EVNTPROV

BOX IP2	a. SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
	SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	***BOX IP2A***
	b. "V.A. FLAG" SET FOR THIS PROVIDER	1	***BOX IP2A***
	"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(IP3)

IP3.   Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

VAPLACE	YES	1
	NO	2
	REFUSED...	-7
	DON'T KNOW	-8

BOX IP2A	a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)	1 (b)
	SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING FOR ALL PLANS)	2 *BOX IP2B*
	b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER	1 *BOX IP2B*
	"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER	2 (IP3b)
	"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER	3 (IP3a)

IP3a.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC	YES	1 *BOX IP2B*
	NO	2 (IP3b)
	REFUSED	-7 (IP3b)
	DON'T KNOW	-8 (IP3b)

IP3b.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER	YES	1 *BOX IP2B*
	NO	2 (IP3c)
	REFUSED	-7 *BOX IP2B*
	DON'T KNOW	-8 *BOX IP2B*

IP3c.   What is the most important reason (you/SP) did not go to a hospital associated with [READ MANAGED
[HMONO] CARE PLAN NAME(S) BELOW] or a hospital that [READ MANAGED CARE PLAN NAME(S) BELOW] would
         refer (you/SP) to?

PLAN DOES NOT COVER THE SERVICE SP WANTED 1
SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH
    THE PLAN.. 2
OFFICE NOT CONVENIENTLY LOCATED FOR THE SP 3
PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE
    CONDITION/NEEDS 4
SP DIDN'T WANT TO GO THROUGH PRIMARY CARE
    PHYSICIAN TO GET REFERRAL 5
SP WANTED TO GO TO A PROVIDER NOT AVAILABLE

NOHMOMAI   THROUGH THE PLAN 6
SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO
    THEIR ENROLLMENT IN THE PLAN 7
PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT
    WAS NECESSARY 8
THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 9
PLAN ADMINISTRATIVE OBSTACLES FOR SP 10
NOT IN A MANAGED CARE PLAN AT TIME OF EVENT.............................. 11
SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN
    TO THE CLOSEST PROVIDER 12
SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT
    CARE WAS NEEDED 13

NOHMOMOS   OTHER (SPECIFY) _____ 91
REFUSED .... -7
DON'T KNOW .... -8

BOX IP2B	IF THIS EVENT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO IP7. OTHERWISE, GO TO IP4.

IP4.   When (were you/was SP) admitted to and discharged from (HOSPITAL NAMED IN IP2/NAME OF HOSPITAL FROM ER2)?
[ENTER "95" IN MONTH FIELD FOR DISCHARGE DATE IF SP STILL IN HOSPITAL.]

ADMISSION _____/_____/_____   DISCHARGE _____/_____/_____   ***BOX IP3***
               MM   DD   YY   MM   DD   YY
EVBEGMM   **EVENDMM**
EVBEGDD   **EVENDDD**
EVBEGYY   **EVENDYY**

IP5.   [Last time (you/SP) had been admitted to (HOSPITAL) on (ADMISSION DATE) and (were/was) still a patient there on (PREVIOUS ROUND INTERVIEW DATE). When (were you/was SP) discharged from (HOSPITAL) for that stay?
[You told me (you were/SP was) admitted to (NAME OF HOSPITAL FROM ER2) from the emergency room on (DATE FROM ER4).] When (were you/was SP) discharged from (HOSPITAL) for the stay that started on (IP4 ADMISSION DATE)?
[ENTER "95" IN MONTH FIELD IF STILL IN HOSPITAL.]

EVENDMM   _____/_____/_____
EVENDDD   MM   DD   YY
EVENDYY

BOX IP2A OMITTED.

IP6 OMITTED.

BOX IP3	CONTINUING SAMPLE AND EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS SKIPPED (41):
	    IF DISCHARGE DATE = 95 AND SP WAS IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO OP1.
	    IF DISCHARGE DATE = 95 AND SP WAS <u>NOT</u> IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO IP16.
	OTHERWISE, ASK IP7-IP15 FOR EACH COMPLETE HOSPITAL STAY REPORTED AT IP4 AND IP5.
	
	EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED:
	    IF DISCHARGE DATE = 95, GO TO ***BOX NS1***.
	OTHERWISE, ASK IP7-IP12 FOR THE COMPLETED HOSPITAL STAY.

IP7.   Were any operations performed on (you/SP) during the hospital stay that was (FIRST/NEXT ADMISSION DATE) to (FIRST/NEXT DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS   YES   1   (IP8)
                       NO   2   (IP10)
                       REFUSED ....   -7   (IP10)
                       DON'T KNOW ....   -8   (IP10)

IP8.   What was the name of the operation or surgical procedure?
        [ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC   OPERATION 1: _____
                       OPERATION 2: _____
                       OPERATION 3: _____

IP9.   What condition required the [READ SURGICAL PROCEDURES BELOW]?
        [ENTER ALL CONDITIONS.]
        CONDTION

BOX IP4	GO TO IP12.

IP10.   Was this hospital stay for any specific condition?

SPECCOND   YES   1   (IP11)
                       NO   2   (IP12)
                       REFUSED ....   -7   (IP12)
                       DON'T KNOW ....   -8   (IP12)

IP11.   What was the condition?
          [ENTER ALL CONDITIONS.]
          CONDTION

IP12.   During this hospitalization, did (you/SP) have any special or private duty nursing care?

          PDNCARE   YES 1
                                               NO 2
                                               REFUSED .... -7
                                               DON'T KNOW .... -8

BOX IP4A	IF EXIT 40 SAMPLE, GO TO ***BOX NS1***. OTHERWISE: IF THIS STAY ADDED THROUGH IP1 OR ER6, GO TO IP13. IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO ***BOX ST12***. IF THIS STAY ADDED THROUGH NS, GO TO ***BOX NS11***.

IP13.   At the time (you were /SP was) discharged, were any medicines prescribed for (you/SP)?

          PRESMDCN   YES 1   (IP14)
                                               NO 2   ***BOX IP5***
                                               REFUSED... -7 ***BOX IP5***
                                               DON'T KNOW .... -8 ***BOX IP5***

IP14.   Were any of the prescriptions filled?
          [PRESFILL]
          PRESFILL   YES 1   (IP15)
                                               NO 2   ***BOX IP5***
                                               REFUSED .... -7 ***BOX IP5***
                                               DON'T KNOW .... -8 ***BOX IP5***

IP15.   Please tell me the names of these medicines.
[ALLPMED]   [ENTER ALL MEDICINES.] [CHECK SPELLING.]
                PMEDNAME

BOX IP5	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. OTHERWISE, GO TO IP16 IF CONTINUING SAMPLE OR EXITING SAMPLE WHERE PREVIOUS INTERVIEW SKIPPED, OR GO TO *BOX NS1* IF EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED.

IP16.   [INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES"
WITHOUT ASKING. OTHERWISE, ASK:] [Since (REF. DATE), (have you/has SP) had/Between (PREVIOUS
ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any other
admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day"
procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS
OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

TEMP   YES 1 (IP2)
                        NO .... 2 *BOX OP1A*
                        REFUSED.. -7 *BOX OP1A*
                        DON'T KNOW .... -8 *BOX OP1A*

IP17.   THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACK UP.
[NOBACKUP] IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.
                OTHERWISE, PRESS ENTER TO CONTINUE.

BOX IP6	EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO CPS.